



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

TRADEMARKS AND SERVICE MARKS APPLICATION OR RENEWAL

(PLEASE PRINT OR TYPE)

1. ☐ New Application ☐ Renewal

FOR OFFICE USE ONLY

File Number: _____ Expiration Date: _____

2. Applicant's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

3. If Applicant is a corporation, give state of incorporation: _____

If Applicant is a Partnership, give state of organization and names of general partners: _____

4. Applicant Is Seeking to Register:

☐ Trademark ☐ Service Mark

5. What is the classification and title of goods and services connected

with mark: _____

6. Briefly describe the goods and services used in connection with this mark: _____

7. Briefly describe how the mark is used in connection with such goods and services: _____

8. Mark being applied for is (Include 3 Specimens): _____

9. The mark has been used in business by the applicant (or predecessor) since _____ and used in the state of Arkansas since _____. Federal Trademark if applicable _____.

AFFIDAVIT

Applicant is stating that said applicant is the owner of the mark and that no other person has registered, either federally or in this State, or has the right to use the mark in this State either in the identical form thereof or in such a near resemblance thereto as might be calculated to deceive or to be mistaken therefor.

10. I, _____, being first duly sworn, state that I am the applicant, or a lawfully authorized representative of the applicant, that I have read the above application and know its contents and that the facts stated therein are true:

Signature

Title

Printed Name

Contact Telephone Number

11. State of Arkansas

County of _____

Subscribed and sworn to before me, a notary public, on

this _____ day of _____, _____.

My commission expires: _____ Notary Public _____